

State University of New York Downstate Medical Center
College of Health Related Professions
Bachelor of Science in Diagnostic Medical Imaging
Program of Study Acknowledgment for Fall 2015 Matriculants

(It is the student’s responsibility to maintain and update this advisement record and bring it to meetings with his/her advisor.)

Student ID No. _____ Name _____ Phone _____

Address _____ City, State, ZIP Code _____

Program Requirements

The 71 credits required for your degree are listed below. This Program of Study form reflects the curricular requirements listed on the **College of Health Related Professions • College of Nursing website (www.downstate.edu)**. Students are responsible for familiarizing themselves with the website, the [most recent](#) SUNY Downstate Medical Center **Student Handbook** and the individual program student manual.

_____submit CPR certification to DIMI program secretary prior to enrollment in DIMI 3110, Clinical Internship I. (Advisor’s Initials/Date)

Junior Year - Fall Semester Courses (16 credits)

Term Planned	Term Completed	Grade Earned	Course #	Course Title	Credits
_____	_____	_____	ANAT 3105	Introduction to Human Gross Anatomy	3
_____	_____	_____	DIMI 3101	Sonography I (Abdominal and Ob/Gyn)	3
_____	_____	_____	DIMI 3102	Sonographic Physics I	3
_____	_____	_____	DIMI 3106	Human Physiology	3
_____	_____	_____	DIMI 3108	Scanning Skills Lab	1
_____	_____	_____	DIMI 3110	Clinical Internship I	2
_____	_____	_____	DIMI 3235	Monitoring and Assistance of the Patient	1

Junior Year – Spring Semester Courses (18 credits)

Term Planned	Term Completed	Grade Earned	Course #	Course Title	Credits
_____	_____	_____	DIMI 3107	Medical and Surgical Diseases of the Abdomen	2
_____	_____	_____	DIMI 3200	Sonography II (Ob/Gyn and Abdomen)	4
_____	_____	_____	DIMI 3202	Sonographic Physics II	3
_____	_____	_____	DIMI 3208	Obstetrics and Gynecology	2
_____	_____	_____	DIMI 3210	Clinical Internship II	4
_____	_____	_____	DIMI 3217	Cross-Sectional Anatomy of the Abdomen and Pelvis	3

Senior Year - Summer Semester Courses (7 credits)

Term Planned	Term Completed	Grade Earned	Course #	Course Title	Credits
_____	_____	_____	DIMI 4009	Cardiology	2
_____	_____	_____	DIMI 4010	Clinical Internship III	3
_____	_____	_____	DIMI 4013	Vascular Principles and Instrumentation	1
_____	_____	_____	DIMI 4015	Introduction to Medical Statistics	1

Senior Year – Fall Semester Courses (15 credits)

Term Planned	Term Completed	Grade Earned	Course #	Course Title	Credits
_____	_____	_____	ADMN 3100	Health Care Delivery in the U. S.	1.5
_____	_____	_____	DIMI 4035	Case Presentations	1
_____	_____	_____	DIMI 4104	Sonography III (Echocardiography)	4
_____	_____	_____	DIMI 4106	Cross-Sectional Anatomy of the Thorax and Head	3
_____	_____	_____	DIMI 4110	Clinical Internship IV	3
_____	_____	_____	MSCI 4100	Research Methods	2.5

Senior Year - Spring Semester Courses (15 credits)

Term Planned	Term Completed	Grade Earned	Course #	Course Title	Credits
_____	_____	_____	DIMI 4111	Fundamental Principles of Imaging Modalities	2
_____	_____	_____	DIMI 4202	Sonography IV (Pediatric Echocardiography)	1.5
_____	_____	_____	DIMI 4210	Clinical Internship V	3
_____	_____	_____	DIMI 4213	Introduction to Teaching Methods	2
_____	_____	_____	DIMI 4214	Research and Independent Study	3
_____	_____	_____	DIMI 4215	Professional Seminar and Administrative Techn	1
_____	_____	_____	DIMI 4301	Sonography V (Vascular)	2.5

Beginning Core

_____	_____	_____	Taken any semester with program approval		
_____	_____	_____	DIMI 4500	Independent Study	1-3

TOTAL CREDITS REQUIRED 71

Anticipated Date of Graduation (Circle Month & Year): May August December 2017 2018 2019

(OVER)

I acknowledge that the courses listed above are the courses I am required to successfully complete to be awarded the degree of Bachelor of Science in Diagnostic Medical Imaging from the State University of New York Health Science Center at Brooklyn. The academic policies regarding the other components of the degree are published in the [most recent](#) SUNY Downstate Medical Center **Student Handbook**, and should be reviewed to ensure my academic success.

<u>Orientation:</u>	
<u>Signature of Student</u>	<u>Date</u>
<u>Signatures of Faculty Advisor</u>	<u>(Date)</u>
Eff. 08/31/15	Original: Office of the Registrar
Copy 1: Graduation Check Sheet / Faculty Advisor	Copy 2: Student